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| Meeting title: | Public Trust Board | Public Trust Board paper P | | | |
| Date of the meeting: | 14 September 2023 | | | | |
| Title: | Annual Organisational Audit and Board Report | | | | |
| Report presented by: | Dan Barnes, Deputy Medical Director, and Responsible Officer | | | | |
| Report written by: | Zoe Marsh, Deputy Chief People Officer | | | | |
| Action – this paper is for: | Decision/Approval | x | Assurance | x | Update |
| Where this report has been discussed previously | None | | | | |

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which

This report is presented to the Trust Board for assurance that the statutory functions of the Responsible Officer are being appropriately and adequately discharged.

Impact assessment

The paper impacts on the following areas:

- Workforce
- Equality, Diversity & Inclusion
- Reputation/legal

Acronyms used:
 Acronyms explained at the appropriate points in the paper

Purpose of the Report

This report is presented to the Trust Board for assurance that the statutory functions of the Responsible Officer are being appropriately and adequately discharged.

Recommendation

The committee is asked to:

- Receive this report, note the content and that it will be shared with the Tier 2 Responsible Officer at NHS England.
- Note the Statement of Compliance (Appendix A) confirms that the UHL, as a Designated Body, is compliant with the Responsible Officer regulations and that the Chief Executive will sign this on behalf of the UHL following the Trust Board meeting.

Summary

This report is presented to the Trust Board to provide assurance that the statutory functions of the Responsible Officer are being appropriately fulfilled; to report on performance in relation to those functions; to update the Trust Board on progress since the 2022/23 annual report; to highlight current and future issues and to present action plans to mitigate potential risks.

This report covers the period 1 April 2022 – 31 March 2023. The last report was submitted to Trust Board in July 2022 for the year 2021/22.

Key points to bring to the board's attention are as follows;

- The total number of doctors for whom UHL is the designated body for the purposes of revalidation is 1,239.
- During 1 April 2022 and 31 March 2023, 98 doctors were due for recommendations to be made to the GMC about the fitness to practise in accordance with the GMC requirements and responsible officer protocol.
 - 85 positive recommendations were made to the GMC.
 - 13 recommendations for deferral (requests for more time) were made to the GMC.
- All revalidation recommendations to the General Medical Council (GMC) between April 2022 and March 2023 were made on time.
- The total number of appraisals undertaken between 1 April 2022 and 31 March 2023 was 1,115 achieving a compliance rate of 90%. Of the 69 that were outstanding after 31/03/23; 65 have now been completed, 4 remain outstanding.
- A review of the existing governance arrangements for revalidation and appraisal has been undertaken and strengthened these by a) introducing a follow-up system for the apparent non-engagement with medical appraisal b) establishing a Responsible Officer Advisory Group.
- Overall, there are no significant concerns regarding the appraisal and revalidation systems and processes within the Trust although the number of trained appraisers, and administrative staff relative to the number of appraisals must be reviewed during 2023/2024.

Appendix A – Annual Organisational Audit

Classification: Official

Publication reference: PR1844



A framework of quality assurance for responsible officers and revalidation

Annex D – annual board report and statement of compliance

Version 1.1 Feb 2023

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Introduction:

The Framework of Quality Assurance (FQA) for Responsible Officers and Revalidation was first published in April 2014 and comprised of the main FQA document and seven annexes A – G.

In 2019 a review of the Annual Organisational Audit (AOA), Board Report template and the Statement of Compliance concluded with a slimmed down version of the AOA (Annex C) and a revised Board Report template (Annex D), which was combined with the Statement of Compliance (previously listed as Annex E) for efficiency and simplicity.

The AOA exercise has been stood down since 2020, but has been adapted so that organisations have still been able to report on their appraisal rates.

Whilst a designated body with significant groups of doctors (e.g. consultants, SAS and locum doctors) will find it useful to maintain internal audit data of the appraisal rates in each group, the high-level overall rate requested in the table provided is enough information to demonstrate compliance.

The purpose of this Board Report template is to guide organisations by setting out the key requirements for compliance with regulations and key national guidance, and provides a format to review these requirements, so that the designated body can demonstrate not only basic compliance but continued improvement over time. Completion of the template will therefore:

- a) help the designated body in its pursuit of quality improvement,
- b) provide the necessary assurance to the higher-level responsible officer,
- c) act as evidence for CQC inspections.

Designated Body Annual Board Report

Section 1 – General:

The board of University Hospitals of Leicester NHS Trust can confirm that:

- 1. An appropriately trained licensed medical practitioner is nominated or appointed as a responsible officer.

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|-----------------------------|
| Action from last year: none |
| Comments: Compliant |

- 2. The designated body provides sufficient funds, capacity and other resources for the responsible officer to carry out the responsibilities of the role.

| |
|--|
| Action from last year: None |
| Comments: Compliant |
| Action for next year: No changes planned |

- 3. An accurate record of all licensed medical practitioners with a prescribed connection to the designated body is always maintained.

| |
|---------------------|
| Comments: Compliant |
|---------------------|

- 4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

| |
|---------------------|
| Comments: Compliant |
|---------------------|

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Actions from last year : To include the Appraisal and Revalidation in the 23/24 Audit plans for next year

Comments: The Trust internal auditors are 360 Assurance. With other major priorities on the agenda for audit, Appraisal and Revalidation system will be considered for addition to the next year's cycle.

Action for next year: Include Appraisal and Revalidation in the 23/24 trust audit cycle. To agree a formal peer appraisal process with an external NHS trust to sit alongside and compliment the internal UHL QA process.

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Comments: Compliant, support in place for locum and short-term placement doctors to gather information required for appraisal (incidents and complaints) along with CPD where appropriate.

Section 2a – Effective Appraisal

All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.¹

Comments: Compliant

Action for next year: no further changes planned.

¹ For organisations that have adopted the Appraisal 2020 model (recently updated by the Academy of Medical Royal Colleges as the Medical Appraisal Guide 2022), there is a reduced requirement for preparation by the doctor and a greater emphasis on verbal reflection and discussion in appraisal meetings. Organisations might therefore choose to reflect on the impact of this change. Those organisations that have not yet moved to the revised model may want to describe their plans in this respect.

7. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Comments: Compliant

8. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: Review of Policy 2023

Comments: Compliant

Action for next year: Completion by Dec 2023

9. The designated body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: Review of retention and recruitment

Comments:

All new consultants are sent an invite to take up this activity with agreement of 0.25PA in job plans.

We have increased our engagement with our SAS workforce via their UHL conference and regular forums. All SAS doctors are encouraged to become appraisers.

Action for next year: To continue active recruitment of Appraisers to support this trust Appraisal and Revalidation requirement

10. Medical appraisers participate in ongoing performance review and training/development activities, to include attendance at appraisal network/development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers² or equivalent).

Comments: compliant

² <http://www.england.nhs.uk/revalidation/ro/app-syst/>

- The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Comments: compliant

Section 2b – Appraisal Data

- The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

| | |
|---|-------------|
| Name of organisation: | |
| Total number of doctors with a prescribed connection as at 31 March 2023 | 1239 |
| Total number of appraisals undertaken between 1 April 2022 and 31 March 2023 | 1115 |
| Total number of appraisals not undertaken between 1 April 2022 and 31 March 2023 | 69 |
| Total number of agreed exceptions | 55 |

Of the 69 that were outstanding after 31/03/23; 65 have now been completed, 4 remain outstanding.

The 55 agreed exceptions are due to a combination of maternity leave, sick leave and career breaks.

Section 3 – Recommendations to the GMC

- Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.

Comments: compliant, regular communication between the RO and GMC whenever events occur.

2. Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.

Comments: Compliant

Section 4 – Medical governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Comments: Compliant

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Comments: Compliant

3. There is a process established for responding to concerns about any licensed medical practitioner's¹ fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health and fitness to practise concerns.

Comments: Compliant, Responsible Officer Advisory Group (ROAG) now established and policy currently being reviewed.

Actions for next year: continue to develop the ROAG.

4. The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type and

outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.³

Comments: Compliant

5. There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.⁴

Comments: Compliant

6. Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice, are fair and free from bias and discrimination (Ref GMC governance handbook).

Comments: Compliant

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Comments: Compliant.

³ This question sets out the expectation that an organisation gathers high level data on the management of concerns about doctors. It is envisaged information in this important area may be requested in future AOA exercises so that the results can be reported on at a regional and national level.

⁴ The Medical Profession (Responsible Officers) Regulations 2011, regulation 11: <http://www.legislation.gov.uk/ukdsi/2010/9780111500286/contents>

Section 6 – Summary of comments, and overall conclusion

The Trust's Medical Appraisal compliance remains high at 90%, further strengthening of the follow-up process for the apparent non-engagement with appraisal is now in place.

A review of the proportion of medical staff to the trained appraisers and administrative staff is to be completed in 23/24.

Section 7 – Statement of Compliance:

The Board / executive management team – [*delete as applicable*] of [*insert official name of DB*] has reviewed the content of this report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the designated body

[(Chief executive or chairman (or executive if no board exists))]

Official name of designated body: _____

Name: _____

Signed: _____

Role: _____

Date: _____

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This publication can be made available in a number of other formats on request.

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